

NOTICE OF CHANGE OF ADDRESS

Please enter the change of address set forth below in the records of:

Case Name _____

Case No. _____

Check Appropriate Role Of Party The Address Change Will Affect:

___ Debtor ___ Creditor

Name Of Party - (type or print)

Old Address Information:

Old Street Address, Rural Route or Post Office Box - (type or print)

Old City, State and Zip Code - (type or print)

New Address Information:

New Street Address, Rural Route or Post Office Box - (type or print)

New City, State and Zip Code - (type or print)

Dated: _____

Signature of Person Authorizing Address Change

Signature of Joint Debtor, if applicable

INSTRUCTIONS

This form must be electronically filed by authorized ECF Filers. All other parties must complete the form and cause it to be mailed or delivered to the appropriate Bankruptcy Clerk's Office:

Bankruptcy Clerk's Office
401 N. Market Rm 167
Wichita KS 67202

Bankruptcy Clerk's Office
500 State Ave Rm 161
Kansas City KS 66101

Bankruptcy Clerk's Office
444 SE Quincy Rm 240
Topeka KS 66683